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TITLE

PROFILE OF HOSPITALIZATIONS FOR SCHISTOSOMIASIS IN THE FIVE MAIN CAPITALS OF THE NORTHEAST: COMPARATIVE EPIDEMIOLOGICAL STUDY OF THE LAST 10 YEARS

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ABSTRACT

Introduction: Schistosoma mansoni, which causes schistosomiasis mansoni, is classified by the World Health Organization (WHO) as a neglected tropical parasitic disease of waterborne transmission, with clinical manifestations classified into phases: acute, chronic and severe. According to the WHO, 251 million people are affected worldwide, with a high incidence in Latin America, Africa and the Eastern Mediterranean. In Brazil, it is estimated that 1.5 million people live in areas at imminent risk of contracting the disease, with the states with the highest prevalence being in the Southeast and Northeast regions. The Northeast due to the high prevalence in endemic areas and the severity of cases, which can evolve into more serious forms, such as hepatosplenic and medullary neuroschistosomiasis, both of which can lead to serious complications and/or death, thus, the disease is a relevant concern for public health in Brazil.
Objective: To analyze the epidemiological profile of patients with schistosomiasis in the Northeast over the last ten years and to draw a comparative context between the five main capitals, Salvador (SSA), Fortaleza (FOR), Recife (REC), São Luís (SLS) and Maceió (MAC).
Method: This is an epidemiological, ecological, retrospective and descriptive study, with data from SIH/DATASUS, from 2015 to May 2024. The analysis of the epidemiological profile between the capitals was performed using the statistical software Statistical Package for Social Science for Windows (SPSS), considering the number of hospitalizations, sex, ethnicity/self-declared color and number of deaths.
Results: Of the 1,574 hospitalizations in Brazil, 765 (48.6%) occurred in the Northeast, and 66 (8.63%) of these were in the five main capitals. Of the total among the capitals, REC had 46.97% of the cases, followed by SSA (33.33%); SLS (10.61%); FOR (7.58%) and MAC (1.51%). Men predominated in hospitalizations (56.06%), except in REC, where women were the majority (54.84%). Regarding ethnicity, most hospitalizations were of mixed race (51.51%), followed by white (3.03%) and black/yellow (1.52% each), but 42.42% of the records did not indicate ethnicity. The most affected age groups were 40-44 years and 55-59 years (12.12% each). There were 3 deaths in the period, with fatality rates of 9.09 in SSA (2) and 14.29 in SLC (1) for every 100 hospitalizations.
Conclusion: The capitals, despite concentrating the majority of the population of the Northeast, presented a small portion of hospitalizations. Most cases are possibly distributed in smaller cities with higher poverty rates, highlighting the relationship between schistosomiasis and the lack of basic sanitation. Men aged between 40 and 59 years old accounted for the majority of hospitalizations. Greater efficiency of control and sanitation strategies was observed in large urban centers, mainly SSA and REC, which, despite being the most populous, did not lead, proportionally, in the number of cases.

KEYWORDS

Schistosoma mansoni; Schistosomiasis; Epidemiology; Hospitalizations

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